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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 47888 7590 03/23/2009 Note: A certificate of mailing can only be used for Fee(s) Transmittal. This certificate cannot be used for papers. Each additional paper, such as an assignment have its own certificate of mailing or transmission.	domestic mailings of the rany other accompanying
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Kenneth F. Florek	(Depositor's name
FC:2501 755.00 OP 76:1504 300.00 OP	(Signature
June 18, 2009	(Date
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,429 12/19/2005 Ofer Tvoua 1431-005	6354
TITLE OF INVENTION:	
PERSONALLY ADJUSTABLE FOOTWEAR	
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE	DATE DUE
non-provisional YES \$755 \$300 \$1055	06/23/2009
EXAMINER ART UNIT CLASS-SUBCLASS	
PATTERSOON, MARIE D 3728 036-097000	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Sostigan, P.C.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the doc recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.	current has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	
Peeerfect Fit LLC New York, NY	
man and the second of the seco	p entity 🖵 Governmen
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ✓ A check in the amount of the fee(s) is enclosed.	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.	
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Typed or printed name Kenneth F. Florek

Authorized Signature

Date June 18, 2009

Registration No. _33,173

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PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JUN 2 2 2009 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571) 273-2885 INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where indicated by further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 47888 7590 03/23/2009 HEDMAN & COSTIGAN, P.C. Certificate of Mailing or Transmission 1185 AVENUE OF THE AMERICAS I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NEW YORK, NY 10036 Kenneth F. Florek (Signature June 18, 2009 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/561,429 12/19/2005 Ofer Tyoua 1431-005 6354 TITLE OF INVENTION: PERSONALLY ADJUSTABLE FOOTWEAR ISSUE FEE APPLN. TYPE SMALL ENTITY PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE non-provisional YES \$755 \$300 \$1055 06/23/2009 **EXAMINER** ART UNIT CLASS-SUBCLASS PATTERSOON, MARIE D 3728 036-097000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Hedman & Costigan, P.C. (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Peeerfect Fit LLC New York, NY Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______08-1540 _____ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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